

Appl. No: 09/930,668
Amdt. Dated January 11, 2007
PTO Office Action of July 11, 2006

Amendments to the Claims:

This listing of claims will replace all prior versions, and listing, of claims in the application:

Listing of Claims:

1. (Currently Amended) A method for identifying and applying for benefits for a patient, comprising the steps of:
receiving a referral from a medical facility for a patient and obtaining initial patient information;
based on the initial patient information, making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program;
if the initial determination is that it is unlikely that benefits can be obtained then rejecting the referral;
if the initial determination is that it is likely that benefits can be obtained for the patient, then obtaining additional patient information;
based on the additional patient information, making a second determination as to whether it is likely that benefits can be obtained for the patient under the assistance program;
if the second determination is that it is likely that benefits can be obtained, then providing an application for the assistance program; and
submitting the application to the assistance program.
2. (Original) The method of claim 1, wherein the initial patient information includes information about the patient's age and medical condition.
3. (Original) The method of claim 1, wherein the initial patient information includes information about the patient's income and financial resources.

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4. (Original) The method of claim 1, wherein making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program, comprises:

comparing the initial patient information to a well-established criteria for the assistance program.

5. (Original) The method of claim 4, wherein the well-established criteria is based upon a court decision.

6. (Original) The method of claim 4, wherein the well-established criteria is based upon an agency decision.

7. (Original) The method of claim 1, wherein making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program, comprises:

comparing the initial patient information to a probability model.

8. (Original) The method of claim 7, wherein the probability model is based upon prior experience in obtaining benefits under the assistance program for a plurality of patients.

9. (Original) The method of claim 1, wherein the additional patient information includes a discharge diagnosis.

10. (Original) The method of claim 1, wherein providing an application for the assistance program comprises:

providing prompts to assist in completion of the application.

11. (Original) The method of claim 1, further comprising:

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determining whether the patient is already covered by an assistance program.

12. (Original) The method of claim 1, further comprising:

determining whether the patient has previously submitted a first application for a first assistance program;

if the patient has previously submitted a first application for a first assistance program, then determining the status of the first application; and

if the status of the first application is pending, then providing an update for the first application.

13. (Currently Amended) A method for accepting a patient referral for Medicaid, comprising the steps of:

receiving a patient referral, the patient referral including initial patient information;

determining whether to accept the patient referral by: comparing the initial patient information to a well-established criteria associated with a Medicaid ~~first~~ assistance program;

if the comparison indicates that the initial patient information satisfies the well-established criteria, then accepting the patient referral;

if the patient referral is accepted, then obtaining additional patient information;

comparing the initial patient information and the additional patient information to eligibility requirements for the Medicaid ~~first~~ assistance program; and

if the comparison indicates it is likely that benefits can be obtained under the Medicaid ~~first~~ assistance program, then providing an application for the Medicaid ~~first~~ assistance program.

14. (Original) The method of claim 13, wherein determining whether to accept the patient referral further comprises:

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comparing the initial patient information to a probability model associated with a second assistance program;

if the comparison indicates that the initial patient information satisfies the probability model, then accepting the patient referral.

15. (Original) The method of claim 14, wherein the probability model is based upon prior experience in obtaining benefits under the second assistance program for a plurality of patients.

16. (Original) The method of claim 14, wherein the probability model is modified based upon actual experience in obtaining benefits under the second assistance program.

17. (Original) The method of claim 13, wherein providing an application for the first assistance program, comprises:

providing prompts during completion of the application to ensure the application is answered consistently.

18. (Original) The method of claim 13, wherein providing an application for the first assistance program, comprises:

automatically completing a section of the application using the initial patient information.

19. (Original) The method of claim 13, wherein the patient referral is received and accepted by an entity that is independent of a medical provider providing treatment to the patient.

20. (Original) The method of claim 19, wherein the patient referral is accepted, further comprising: if payment is provided to a medical provider providing treatment to the

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patient by the assistance program, then the entity receives a portion of the payment from the medical provider.

21. (Original) The method of claim 13, further comprising:

submitting the application; and

monitoring the application.

22. (Currently Amended) A method for selecting an assistance program for a patient, comprising the steps of:

obtaining initial patient information;

based on the initial patient information, making an initial determination as to whether it is likely that benefits can be obtained for the patient under an assistance program by:

comparing the initial patient information to a well-defined criteria corresponding to a first assistance program;

if the initial patient information satisfies the well-defined criteria, then identifying the first assistance program;

comparing the initial patient information to a probability model corresponding to a second assistance program;

if the initial patient information satisfies the probability model, then identifying the second assistance program;

if the initial determination is that it is likely that benefits can be obtained, then obtaining additional patient information;

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making a subsequent determination as to whether it is likely that benefits can be obtained for the patient by comparing the initial patient information and the additional patient information to the first and second identified assistance program that is identified; and

if the subsequent determination is that it is likely that benefits can be obtained for the patient, then selecting the identified assistance program.

23. (Original) The method of claim 22, further comprising:
identifying an application for the selected assistance program; and
providing prompts to assist in the completion of the application, the prompts identifying related questions.

24. (Original) The method of claim 22, wherein the initial patient information includes age and medical condition.

25. (Original) The method of claim 22, wherein the additional patient information includes income and financial resource information for member's of the patient's household.

26. (Original) The method of claim 22, wherein the well-established criteria is based upon a judicial determination of eligibility under the first assistance program.

27. (Original) The method of claim 22, wherein the probability model is based upon prior experience in obtaining benefits under the second assistance program for a plurality of patients.

28. (Original) The method of claim 27, further comprising:
adjusting the probability model based upon common characteristics shared by a plurality of patients that did not receive benefits under the second assistance program.

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29. (New) The method of claim 13 wherein the well established criteria for the Medicaid assistance program includes analysis of the patient's disability status.

30. (New) The method of claim 13 wherein the well established criteria for the Medicaid assistance program includes analysis of the patient's indigence status.